



Congratulations on taking a step towards a healthier you!

To register for the *Colorado on the Move™ Program*,
please complete the registration form below.

Information (Please print clearly)

1. Name: _____
Phone #: _____ Email: _____
Work Address (building, city, state, zip): _____
Department: _____
2. Age Group: (check one) ☐ less than 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69
3. Gender: (check one) ☐ Male ☐ Female
4. Currently, how many days per week do you engage in moderate physical activity for at least 30 minutes (*brisk walking, swimming, cycling, dancing, gardening, and yard work*)? (check one)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Payment

Complete the following:

- | | |
|---|----------|
| <input type="checkbox"/> Enclosed is \$20.00 for the program and the pedometer (\$20) | \$ _____ |
| <input type="checkbox"/> Enclosed is \$10.00 for the program, I already own a pedometer. (\$10) | \$ _____ |
| <input type="checkbox"/> I would like to purchase _____ (#) additional pedometers. (\$15 each) | \$ _____ |
| Total Payment | |
| \$ _____ | |

Registration

Use the United States Postal Service to mail your completed registration form and payment (*checks payable to HEALTHBREAK*) **no later than September 12, 2003** to:

State Employee Wellness Center
1570 Grant Street, Suite W
Denver, CO 80203

If you have questions regarding this registration form, please contact the Wellness Center at 303-866-2213.